



Ann Marie Gradoia

Assessor

City Of West Haven
203-937-3515

Application for Exemption of Motor Vehicle

Grand List of October 1, 20_____

Sec. 12-81 (h) Exemption of a motor vehicle specially equipped for a disabled veteran

Sec. 12-81 (c) Exemption of an ambulance-type or specially rigged, privately owned vehicle

Name: _____ SS# _____ DOB _____

Spouse: _____ SS# _____ DOB _____

Address _____ Phone _____

1. Are you receiving a veteran's exemption in accordance with Se. 12-81(20) or (21)? Yes___ No___
2. Is this vehicle used exclusively to a transport physically disabled individual(s)? Yes___ No___
3. 3. Is any payment exacted from the use of this vehicle? Yes___ No___
4. Please attach medical documentation verifying that modifications to the vehicle are directly related to the medical or physical needs of the individual.

Year of vehicle _____ Make _____ Model _____ plate# _____

VIN# _____

Description of special equipment or modifications. _____

Signature of Applicant _____ Date _____

Signature of Assessor _____ Date _____

This Exemption expires when the vehicle is sold.

New vehicle requires a new application to be filed.